

BCYF Camp Joy

Summer 2014

Session Dates: July 14, 2014 – August 8, 2014



Boston Centers for Youth & Families (BCYF) is committed to providing high quality programming for Boston residents of all ages and abilities. To this end, BCYF offers Camp Joy for Boston residents ages 3 to 22 with disabilities and their siblings 3 to 7 years old. The four-week summer camp provides structured, daily opportunities for participants to make new friends, have fun, learn and grow during the summer months. The summer offers a variety of enrichment activities designed to promote peer-to-peer socialization, foster relationship building and support individual growth.



**Breakfast & Lunch
Provided**

Group Games



Arts & Crafts

Field Trips



**Transportation
Provided**

Program Requirements:

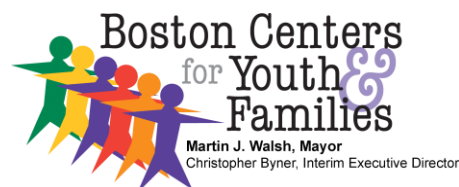
- Camper must be able to interact in a 3:1 participant to staff ratio;
- Parent or guardian must complete all required documentation;
- Payment is due at enrollment to ensure a slot.

Participant Fees:

\$220.00 for 1st child, \$55.00 for each sibling OR Agency fee: \$250.00 per child.

This camp complies with regulations of the MA Department of Public Health and is licensed by the local board of health.

For more information or for an application, please call Camp Joy at (617) 635-4920 or email Roberta.Smalls@cityofboston.gov



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CAMPER APPLICATION

Please mail or drop-off original applications to:

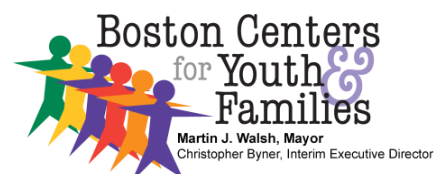
Boston Centers for Youth & Families
1483 Tremont Street
Boston, MA 02120
Attention: Roberta Smalls
(617) 635-4920 ext. 2402

INCOMPLETE OR ILLEGIABLE APPLICATIONS WILL NOT BE ACCEPTED.
Enrollment will remain open until Friday, May 23, 2014 or until all slots are filled.

Please include a copy of the Camper's photo you are applying for along with the completed application.

Enclosed medical section and camper immunization form must be completed and signed by a physician.

*"This camp complies with regulations of the MA Department of Public Health
and is licensed by the local board of health."*





CAMP JOY SUMMER 2014 CAMPER APPLICATION

CAMPER INFORMATION:

Camper's Name: _____

Age: _____ Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Home Address: _____

City: _____ Zip Code: _____

Camper's Home Language: _____ Race (for State report only): _____

Camper's T-shirt size: Child ☐ S ☐ M ☐ L Adult ☐ S ☐ M ☐ L ☐ XL

BUS PICK-UP/DROP-OFF ADDRESS (an adult must be present):

Address: _____

City: _____ Zip Code: _____

****NO ADDRESS CHANGES WILL BE ACCEPTED AFTER SATURDAY, JUNE 14, 2014.**

Name of Parent/Legal Guardian: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email address: _____

EMERGENCY CONTACTS (must be someone besides the parent/guardian):

In case of emergency if parent/guardian is unavailable, please contact:

Contact Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Home Address: _____

City: _____ Zip Code: _____

Contact Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Home Address: _____

City: _____ Zip Code: _____

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Camper's Name: _____

EMERGENCY CONSENT AND RELEASE

If a situation arises in which my child is in need of prompt medical attention and I, or my designee (emergency contact), cannot be contacted, I hereby grant permission to a responsible member of the Camp Joy staff to authorize treatment for my child.

PARENT/GUARDIAN SIGNATURE

DATE

ACKNOWLEDGEMENT

The undersigned acknowledges that, in consideration of the opportunity to participate in the City of Boston's therapeutic recreation program, neither the City nor any of its employees are liable in the event of illness, injury, accident or death which may occur while my child or the participant is engaged in the program, is traveling to or from the program, or is engaged in any function of the program. This acknowledgment does not relieve the City or its employees from claims based on gross negligence, or intentional or reckless conduct.

The undersigned further acknowledges that if any child or the participant does not conform to the standards and organization of the program or if the directors of the program judge that the behavior of my child or the participant endangers himself/herself or the welfare of others in the program or the program itself, (s) he may be dismissed from the program upon written notice.

PARENT/GUARDIAN SIGNATURE

DATE

PHOTOGRAPHIC RELEASE

Please read and sign this photographic release. Please note that it is not necessary for you to sign this portion of the release for your child to attend Camp Joy. However, it would be to our convenience if you would sign this section.

I hereby give my consent to Camp Joy to photograph my son/daughter without limitation to use such pictures and/or stories in connection with any of the work of Camp Joy without consideration of any kind and I do hereby release Camp Joy and Boston Centers for Youth & Families from any claims whatsoever which may arise in said regard.

PARENT/GUARDIAN SIGNATURE

DATE

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GENERAL INFORMATION:

Does your child use any of the following?

Glasses? ☐Yes ☐No Hearing Aid? ☐Yes ☐No Walker? ☐Yes ☐No

Does your child use any other type of adaptive equipment? ☐Yes ☐No If yes, please explain: _____

Does your child have Allergies? ☐Yes ☐No If yes, please explain: _____

Does your child have any dietary restriction? _____

Will it be necessary for your child to take medication during the camp day? ☐Yes ☐No

****If your child requires medication during camp hours you must complete the Authorization to Administer Medication to a Camper Form, and attend a mandatory orientation before the child can attend Camp Joy.**

Does your child have a sibling attending Camp Joy? ☐Yes ☐No If so, what is his/her name? _____

What school does your child currently attend? _____

Does your child communicate verbally? ☐Yes ☐No _____

Does your child need assistance using the bathroom? _____

Did your child attend Camp Joy last summer? ☐Yes ☐No What location? _____

Please list any compulsive behaviors and appropriate responses for staff to take: _____

Please list any other precautions or behaviors that the camp staff should be aware of: _____

Please tell us about your child's swimming ability: _____

Can your child participate in other physical activities? ☐Yes ☐No If yes, list any necessary accommodations: _____

Does your child have a special toileting procedure? ☐Yes ☐No If so please describe: _____

Does your child use a wheelchair? ☐Yes ☐No If so, please identify the level of support needed: _____

BCYF Camp Joy 2014
Camper Application—Medical Section

APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS FORM COMPLETED & SIGNED BY A PHYSICIAN

Camper's Name: _____

Diagnosis: (Medical Term) _____

(Layman's Term) _____

Is camper subject to allergic reactions? ☐ Yes ☐ No If so, please specify: _____

Is camper medicated? ☐ Yes ☐ No

Type: _____ Dosage: _____

Type: _____ Dosage: _____

Time(s) administered: _____

How is medication administered? _____

Will it be necessary for camper to take medication during the camp day? ☐ Yes ☐ No

Is camper subject to seizures? ☐ Yes ☐ No Are they controlled? ☐ Yes ☐ No

To your knowledge, is the camper suffering from or has (s)he recently been exposed to any contagious disease?

Does camper have any dietary restrictions? _____

May camper participate in carefully supervised swimming activities? ☐ Yes ☐ No

May camper participate in a physical education program? ☐ Yes ☐ No

Are there any precautions that should be noted? (PLEASE SPECIFY) _____

Does camper live in a group home: _____

Camper's height: _____ Weight: _____

Does the camper use any other type of adaptive equipment? ☐ Yes ☐ No

If yes, please explain: _____

Camper/Family Caseworker: _____

Agency: _____ Telephone: _____

Date of Physical Examination ____/____/____

____ M.D. _____

Physician's Signature (REQUIRED)

Print/Type Physician's Name

BCYF Camp Joy 2014
CAMPER IMMUNIZATION FORM
APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS FORM
COMPLETED AND SIGNED BY A PHYSICIAN

Required Immunization for Campers and Staff

	For Campers & Staff < 18 years or age	For Campers & Staff ≥ 18 years of age	<u>Date Issued</u> <u>Must be completed by a physician</u>
MMR 1	2 doses measles, 1 dose mumps 1 dose rubella	2 doses measles 2 1 dose mumps 2 1 dose rubella	
POLIO	≥ 3 doses of either inactivated poliovirus vaccine (IPV) or oral poliovirus vaccine (OPV). If mixed schedule or IPV/OPV was used, 4 doses are required	No Requirement	
DtaP/DTP/ DT/Td	≥ 4 doses DtaP/DTP/DT or ≥ 3 doses Td3 A booster dose of Td is required for all campers and staff who will be entering <ul style="list-style-type: none"> grades 7 – 10 if it has been more than 5 years since the last dose of DtaP/DTP/DT; grades 11 & 12 if it has been more than 10 years since the last dose of DtaP/DTP/DT/Td. (Tdap is also acceptable.)	≥ 3 doses DtaP/DTP/DT/Td. A booster dose of Td is required if > 10 years since the last dose of DtaP/DTP/DT/Td vaccine. (Tdap is also acceptable.)	
Hepatitis B	3 does for all children born on or after January 1, 1992	No requirement	

Camper's Name: _____

Date of Physical Examination ____/____/____

Physician's Signature (REQUIRED)

M.D.

Print/Type Physician's Name

BCYF CAMP JOY 2014
COMPLETED APPLICATION CHECKLIST

**Before returning this Camp Joy Camper Application,
please check (✓) to see if the following sections are FULLY completed:**

- ☐ CAMPER INFORMATION COMPLETED including BUS PICK-UP & DROP-OFF ADDRESS
- ☐ PARENT/GUARDIAN INFORMATION COMPLETED
- ☐ EMERGENCY CONTACT LISTED (AT LEAST ONE)— Must be different from home telephone number.
- ☐ EMERGENCY CONSENT SIGNED (parent/guardian signature)
- ☐ ACKNOWLEDGEMENT SIGNED (parent/guardian signature)
- ☐ PHOTO RELEASE SIGNED (parent/guardian signature)
- ☐ GENERAL CAMPER INFORMATION PAGE COMPLETED
- ☐ CAMPER MEDICAL SECTION—**COMPLETED BY THE PHYSICIAN with SIGNATURE**
- ☐ CAMPER IMMUNIZATION SECTION COMPLETED— **COMPLETED BY THE PHYSICIAN with SIGNATURE**



WITHOUT MEDICAL & IMMUNIZATION SECTIONS COMPLETED AND SIGNED BY A PHYSICIAN YOUR APPLICATION WILL BE RETURNED. PLEASE DOUBLE CHECK



COMPLETE AN AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER FORM BY A PARENT/GUARDIAN IF NECESSARY.

- ☐ **NON-REFUNDABLE FEE:** Personal Checks and Cash are not accepted. Please make **money orders** payable to the **The Foundation for BCYF-Camp Joy**. FULL payment is due with the completed application.
 - If you are a **parent paying the entire Camp Joy fee**, you will pay \$220 for your first child and an additional \$55 for each additional sibling. Siblings without special needs can attend Camp Joy between the ages of 2-7. Siblings with special needs can attend Camp Joy between the ages of 3-22.
 - If you are a parent receiving a scholarship from another agency or organization that will go towards covering a portion of the Camp Joy fee, you are responsible for paying the remaining balance of the \$250.00 fee. Your application must include the payment or a letter stating intent to pay from the organization, as well as a money order from the parent for the remaining balance. (For example, if you receive an agency scholarship for \$100, you are required to pay the remaining balance of \$150.)
 - If you are an agency supporting in registering a child and covering the Camp Joy fee you are required to pay \$250. Documentation stating the agency's intention to pay and/or complete payment needs to accompany any application. ***Please DO NOT send a check that does not include information about whose fee the payment is intended to cover.
- ☐ **CAMPER PHOTO:** Please include a photo of camper along with Camper application!
- ☐ **CURRENT IEP (Individual Education Plan):** Please send copies of the goals pages of your child's most current IEP. A letter from your child's doctor will be accepted if you do not have an IEP.

PERSONAL CHECKS AND CASH ARE NOT ACCEPTED. NO EXCEPTIONS!
ONLY COMPLETED APPLICATIONS WILL BE PROCESSED!